



City of Cambridge
POLICE REVIEW & ADVISORY BOARD

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COMPLAINT FORM

Case No _____

Staff _____

Open Date _____

Close Date _____

(PLEASE PRINT)

COMPLAINANT (Your Name)

Name _____

Street _____

City/State/Zip _____

Telephone _____

Fax _____

Email _____

RESPONDENT (Officers involved)

1. Officer/Rank/Badge# _____

2. Officer/Rank/Badge# _____

3. Officer/Rank/Badge# _____

INCIDENT

Location _____

Time & Date _____

INJURY

Yes No

Were you Injured? _____

Describe your Injury _____

Did you receive medical attention? _____

By whom? _____

Where? _____

Yes No

Was force used? _____

Was abusive language used? _____

Were racial references made? _____

SEARCH

You? _____

Vehicle? _____

House? _____

Person? _____

Other? (If yes, explain) _____

WITNESSES

Name _____

Street _____

City/State/Zip _____

Telephone _____

Name _____

Street _____

City/State/Zip _____

Telephone _____

For Office Use Only

Release Authorization Yes _____ No _____

Complaint Type _____

Agency Referral _____ Walk in _____ By mail _____ Phone _____ Email _____ Web _____

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